

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****[30Day-21-0314]****Agency Forms Undergoing Paperwork Reduction Act Review**

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled The National Survey of Family Growth (NSFG) to the Office of Management and Budget (OMB) for review and approval. CDC previously published a "Proposed Data Collection Submitted for Public Comment and Recommendations" notice on June 10, 2021 to obtain comments from the public and affected agencies. CDC received one non-substantive comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

- (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

- (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- (c) Enhance the quality, utility, and clarity of the information to be collected;
- (d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and
- (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain Find this particular information collection by selecting "Currently under 30-day Review - Open for Public Comments" or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

The National Survey of Family Growth (NSFG) (OMB Control No. 0920-0314, Exp. 06/30/2021) – Reinstatement with Change – National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on “family formation, growth, and dissolution,” as well as “determinants of health” and “utilization of health care” in the United States. This information collection request includes the data collection in 2022-2024 for the continuous National Survey of Family Growth (NSFG).

The NSFG was conducted periodically between 1973 and 2002, continuously in 2006-2010, and after a break of 15 months, continuously in 2011-2019, by the National Center for Health Statistics, CDC (CDC/NCHS). The response rate during the 2011-2019 data collection period ranged from 64.5 - 74.0%, and the cumulative response rate for this eight-year fieldwork period was 67.7%.

The NSFG program produces descriptive statistics which document factors associated with birth and pregnancy rates,

including contraception, infertility, marriage, cohabitation, and sexual activity, in the US household population 15-49 years (15-44 prior to 2015), as well as behaviors that affect the risk of HIV and other sexually transmitted diseases (STD). The survey also disseminates statistics on the medical care associated with contraception, infertility, pregnancy, and related health conditions.

NSFG data users include the DHHS programs that fund the survey, including CDC/NCHS and 11 others within the Department of Health and Human Services:

- Eunice Kennedy Shriver National Institute for Child Health and Human Development (NIH/NICHD)
- Office of Population Affairs (OPA)
- Children's Bureau in the Administration for Children and Families (ACF/CB)
- Office of Planning, Research, and Evaluation (ACF/CB)
- Office on Women's Health (OASH/OWH)
- CDC's Division of HIV/AIDS Prevention (CDC/NCHHSTP/DHAP)
- CDC's Division of STD Prevention (CDC/NCHHSTP/DSTDP)
- CDC's Division of Adolescent and School Health (CDC/NCHHSTP/DASH)
- CDC's Division of Reproductive Health (CDC/NCCDPHP/DRH)
- CDC's Division of Cancer Prevention and Control (CDC/NCCDPHP/DCPC)
- CDC's Division of Violence Prevention (CDC/NCIPC/DVP)

The NSFG is also used by state and local governments (primarily for benchmarking to national data); private research and action organizations focused on men's and women's health, child well-being, and marriage and the family; academic researchers in the social and public health sciences; journalists, and many others.

CDC requests OMB approval to reinstate NSFG data collection for three years, with changes. Each year, about 13,500 households will be screened, with about 5,000 participants interviewed annually. Interviews are expected to average 50 minutes for males and 75 minutes for females. Proposed changes include streamlining information collection content in some sections as well as adding a limited number of new questions, including questions about childhood experiences that may impact fertility and health outcomes in adulthood. Approximately 10% of respondents will be asked to participate in a brief verification process. Responses to the NSFG are confidential.

In addition, CDC plans to conduct several methodological studies designed to improve the efficiency and validity of NSFG data collection for the purposes described above. These include a test of face-to-face interview mode compared to multi-mode participation that also includes a web-based survey component; test of an electronic life history calendar; enhanced introductory and reminder emails to increase response rate; and collection of auxiliary information to reduce nonresponse bias or improve nonresponse bias estimation.

Participation is voluntary, and there is no cost to respondents other than their time. The total estimated annualized time burden to respondents is 6,122 hours.

Estimated Annualized Burden Hours

Respondents	Form	Number of Responses	Responses per Respondent	Average Burden per Response (in hours)
Household member	Screening Interview	13,500	1	3/60
Household Female 15-49 years of age	Female Interview	2,750	1	75/60
Household Male 15-49 years of age	Male Interview	2,250	1	50/60
Household member	Screening Verification	1,350	1	2/60
Household Individual 15-49 years of age	Main Interview Verification	500	1	5/60
Household Female 15-49 years of age	Respondent debriefing questions about calendar	325	1	3/60
Household member	Phase 4 nonresponse follow-up questions	375	1	5/60

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